

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045855

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 26 1962

Primary Registration District No. 4040 Registrar's No. 33

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLE CAMP</b>		c. CITY OR TOWN <b>COLE CAMP</b>	
Length of stay in 1b <b>16 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <b>CORNELIUS JOHN FAJEN</b>		4. DATE OF DEATH <b>DEC. 15, 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-27-1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REAL ESTATE BROKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	
13a. FATHER'S NAME <b>OTTO J. FAJEN</b>		13b. MOTHER'S MAIDEN NAME <b>ALMA GOETZ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b>		17. INFORMANT <b>MILDRED FAJEN</b> Address <b>COLE CAMP, MO.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Inanition and Debility</b>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) <b>Carcinomatosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Primary site Undetermined</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. Month, Day, Year <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>COLE CAMP, MO.</b>	
20g. COUNTY <b>BENTON</b>		20h. STATE <b>MO.</b>	
21. I attended the deceased from <b>March 1962</b> , to <b>12-15-62</b> and last saw him alive on <b>12-15-62</b> Death occurred at <b>7:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>COLE CAMP, MO.</b>	
22c. DATE SIGNED <b>12-16-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-17-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TRINITY CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>COLE CAMP</b>		(State) <b>MO.</b>	
24. FUNERAL DIRECTOR <b>CHARLES F. FOX</b> ADDRESS <b>COLE CAMP, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-17-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 4 1963

APR 25 1963

JAN 10 1963

JUL 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F Fox

Licensed Embalmer No. 4610

P. O. Address COLE CAMP, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.